

American Literature and Therapeutic Cultures

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Reading Practices and Therapeutic Culture¹

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The notion of therapeutic culture, as underlined by Timothy Aubry and Trysh Travis, questions the limits between our personal lives and the political sphere. As this conference concerns their interactions with American literature, my first question will thus be to ask whether what Aldous Huxley denounced in 1932's *Brave New World* came to be because of therapeutic reading practices—or even American literature itself. Do such practices assign to published books the pharmaceutical function of the “soma”: the joy-inducing drug which, in the novel, assures social cohesion through its hold over beings in a society as ideal as it is totalitarian?

Admittedly, American society is a liberal and capitalistic one. It is also based on certain inalienable rights written into the American Declaration of Independence—including the pursuit of happiness which, in this respect, cannot be reduced to a simple individualistic right to well-being and prosperity as it is also a collective notion, a goal assigned to every government, a binding promise. In Europe, Emmanuel Kant found this puzzling. In 1788's *Critique of Practical Reason*, he notes that the principle of happiness rests upon experienced data, namely on the diverse and personal opinion everyone creates for themselves. Therefore, it would be impossible to put forward a maxim which could serve as a law to govern this desire, be it aimed at ensuring universal happiness or not.

In this regard, one of the possible ways to read Huxley's novel could be to underline that a government's commitment to promoting universal happiness—independently from whether its institutions are democratic—in itself presents a risk of a shift towards totalitarianism—which, even though it may be subtle and imperceptible, is no less real. As such, what should we think of the 19th-century emergence of this “especially American phenomenon” that is therapeutic culture? Does this phenomenon contribute to this possible downward spiral or, on the contrary, does it constitute a remedy in the face of it? These questions and their underlying

¹ This intervention takes up certain aspects developed in Isabelle Blondiaux, *La Littérature peut-elle soigner ? La lecture et ses variations thérapeutiques*, Paris, Honoré Champion, « Unichamp-Essentiel », 2018.

consequences are what I aim to break down through the study of so-called therapeutic reading practices.

Literature and reading's power of suggestion

While propaganda literature's function in mass indoctrination requires no further evidence, totalitarian societies also advocate for the hatred of books. At least, this is what Ray Bradbury argues in *Fahrenheit 451*, as do the twenty-one Nazi book burnings (*autodafé*) of 1933.

The distrust—if not outright hate—of the political towards the literary is, in fact, quite old. In the *Republic* (III, 395d), Socrates accuses poets of having the power to corrupt youth which he attributes to the mimetic nature of literature and its subsequent power of suggestion. In our modern “fake news” pandemic, no one is unaware of the fact that a widely circulated lie can obtain the status of truth.

However, the political domain and totalitarian societies are not the only ones to fear the power of influence which literature and reading hold. The medical and religious fields have also long been troubled by the effects of literary mimesis' power of suggestion.

When literature doesn't drive one crazy like Don Quixote, reading is suspected of promoting passions and, like them, of leading whoever indulges in them astray, away from the righteous and the religious. These suspicions persist to this day: we may think of the *fatwa* proclaimed against Salman Rushdie, or the three 1857 French trials for “affronts to public decency and public religious morals” of Gustave Flaubert, Charles Baudelaire, and Eugène Sue.

In an ironic turn of History, Flaubert's incriminated novel tells of a heroine being driven to suicide under the influence of the reading of fictional narratives. It led to the creation of the concept of “bovarysme” in 1892 by Jules de Gaultier, for whom the novel went beyond a caricature of romanticism and “its outcome of dangerous sentimentality” as its first critics had condemned. But the way the Romantic movement highlighted emotional expression constitutes, according to Timothy Aubry and Trysh Travis, one of the earliest origins of American therapeutic culture.

A brief history of therapeutic reading practices

1801: Birth of modern psychiatry and of the Moral treatment

As far as reading—which in this presentation will be defined as an ensemble of linguistic practices based on the deciphering of writings—is concerned, the attribution of

therapeutic—in the medical sense of the word—properties cannot be disconnected from the appearance of European institutional psychiatry at the start of the 19th century. Its birth in 1801 coincides with the publication of Philippe Pinel’s (1745-1826) *Treatise on Insanity (Traité médico-philosophique sur l’aliénation mentale)*.

As the title indicates, Pinel uses this book to defend the concept of a psychiatric epistemology grounded in medical rationale and requiring the understanding of philosophers’ writings, as Pinel regarded passions as “the most salient cause for alienation of the mind”. This is why he promotes a “moral treatment of the alienated” rather than physical methods like restraints or showers. By basing his approach on isolation and surveillance in an institution, he partners with several occupational activities—including reading, well-known for its educational properties, its ability to take the attention off of symptoms, and its entertainment qualities.

His success is so overwhelming that his model is immediately exported abroad where it served as a role model for the pioneers of American psychiatry. As early as 1810, a letter from Benjamin Rush (1746-1813) recommends reading as part of the treatment for mentally ill patients.

Nevertheless, it remains of primary importance that reading, in particular that of novels, is far from always having had a good reputation; some authors consider novels “more a cause of insanity than a cure”. In any event, the flow of History—economic issues concerning care, already considered as overly time-consuming and costly—leads to reading being abandoned as a therapeutic practice at the end of the 19th century.

1891: Birth of psychotherapy

There exists another explanation for the decline of reading in psychiatric circles: it resides in the emergence of psychotherapy. The 1880s were marked in France by the Salpêtrière controversy opposing Charcot and Bernheim around hypnosis in the treatment of hysteria; in the United States, William James’ *The Principles of Psychology* was published in 1890. The year 1891 marks the first official appearance of the word “psychotherapy” —to be understood as treatment through verbal suggestion—in *New Studies in Hypnotism (Hypnotisme, suggestion, psychothérapie : études nouvelles)* by Hippolyte Bernheim.

Sigmund Freud, then in his thirties and fascinated by their respective research, interns with both of them and translates their works. From 1895 to 1900, he then develops his scientific method for the exploration of the unconscious mind. A trip he takes to the United States in 1909 allows for his method to spread and establish itself there.

1916: First mention of the “bibliotherapy” neologism

The American neologism “bibliotherapy” was coined in a 1916 article published in the *The Atlantic Quarterly Monthly*. It apparently seemed matter of course after the journalist who first coined it saw a sign reading “*Bibliopathic Institute*” over the door of a church sacristy where one of his GP friends—apparently having been made aware of neurasthenia which had been conceptualized by George Beard in 1869—invited his tired patients to rest and recuperate through the benefits of reading. Both of them were unaware that a preface written in 1905 by a young French writer already underlined its ability to awaken desires when he translated two conferences by John Ruskin on reading (1864): the French writer’s name was Marcel Proust (1871-1922).

Even though it had been abandoned by psychiatrists (*aliénistes*) at the end of the 19th century, reading had not been completely divorced from medical and psychiatric practices: in the United States, psychiatrists trained in the psychoanalytic tradition still used therapeutic reading practices and described their operative modalities. Such practices also became the specialty of hospital librarians. As it was first and foremost a matter of place, bibliotherapy could be taken to mean “working at the library”—like for example dusting rows of books.

1949: Caroline Shrodes and the canonical definition of bibliotherapy

A 1949 doctoral thesis revolutionized this socio-therapeutic approach by suggesting a psychodynamic definition of bibliotherapy, which became canonical. The author, Caroline Shrodes, considered reading not from the angle of a therapeutic usage of libraries and books but from a new standpoint which posited that “[t]here is an interaction between the personality of the reader and imaginative literature which may be utilized to engage his emotions and free them for conscious and productive use.”

1960: The scientific turning point for therapeutic reading practices

All of the above practices coexisted until the “scientific turning point” of the 1960s. This corresponded to the emergence of modern criteria of scientific validity and was characterized by the attempt to re-medicalize bibliotherapy by clarifying its interrelations with psychotherapy—of which, as I have just mentioned, it is a precursor. Reintroduced to the medical realm, it was then integrated in a register composed of individual or group-based psychotherapies including mediation, which had existed since the 1930s. Certain practices presented themselves as simplified versions of scientifically proven cognitive behavioral

therapies entailing the use of self-help manuals, and they finally acquired the status of first step treatment strategies at the start of the 1980s.

It should be noted that this scientific turning-point is a contemporary of the cognitive turning point in behavioral therapies, which had themselves appeared at the start of the 1920s. It also coincides with the arrival of the first psychotropic drugs on the market.

1994: Bibliotherapy. *Reading is Healing (Lire, c'est guérir)* by Marc-Alain Ouaknin

Whereas psychology's concepts and practices had entered American popular culture during the second half of the 20th century, these same self-help practices only became popular in France during the 1990s, which then saw the emergence of the "bibliotherapy" neologism.

This refocusing on the existential dimension of reading coincides with the creation of the first "philosophical café" by Marc Sautet in 1992. In England, before his premature death, Alain de Botton thrived with the democratization of an understanding of literature as "a how-to manual for life."

The scientific turning point of therapeutic reading practices and their reintegration into the medical field was simultaneously accompanied by a considerable broadening of their therapeutic claims which, by assigning them the function of "techniques for existence", overstepped the technical medical definition of therapeutics. In doing so these practices reconnected with the philosophical-religious origins of medicine and, through them, with the ancient distinction between an iatrical medical logic—concerned with the care of bodies—and a philosophical-religious therapeutic logic—which aims to appear as a superior medicine that also includes the caring for souls. This is the distinction which will bring Michel Foucault to state that psychotherapy's desire to escape from the medical register is one of its constitutive dimensions and not merely a derivative one.

Categorization and epistemological status of therapeutic reading practices

Coming back to the 1960s scientific turning-point, it appears to be at the origin of the bipartition of therapeutic reading practices into informative, didactic or cognitive bibliotherapy, and imaginative, creative or affective biblio/poetry-therapy. The distinction between appealing to reason or appealing to emotions can be found in most of the American authors until the 1990s as well as in the third "affective" wave in cognitive behavioral therapy, which incorporates the joint handling of emotions and reason.

Together with methods of older traditions linked to psychodynamic and/or psychoanalytical practices, they constitute the three major categories of therapeutic reading practices, which can be distinguished from the point of view of medical discourse.

As their differences hint at, all of them have very different relationships with the therapeutic and literary registers. The curative properties they ascribe to reading are based:

- in the case of cognitive approaches: on communication, meaning information transmission through an understanding of reading reduced to the cognitive ability to decipher and the absorption of books as “learning tools” aimed at the acquisition of a knowledge or skill in a specific domain;

- in the case of approaches referring to biblio/poetry-therapy: on reading practices’ power of suggestion and the involvement of emotions through the identification-catharsis-insight sequence so as to modify the reader’s way of being; it is also based on the beneficial effects of “poetic fluidity” which, based on the idea that access to meaning passes through rhythm and the body’s involvement when reading aloud, favoring the saying above the said;

- in the case of methods referring to psychoanalysis²: on the restoration through means of transfer as well as the analysis of an imaginary mediation susceptible to revitalize the symbolization process.

Their relationship to literature is just as divergent. Informative approaches understand literature in a more general sense as “reading materials”, no matter its nature, even if they manifest a preference for vetted self-help books and self-knowledge books. It can therefore be referred to as expropriated literature.

Affective biblio/poetry-therapy methods gradually tended to opt for circumstantial writings penned for this very purpose—and vetted by their respective authorities, as in the case of cognitive approaches—even if they favored classical, high-quality literature—notably that of the 19th century—which certain authors like Irvin Yalom fashioned into and held up as the origin of psychology. Due to their explicit contents, this professional literature draws closer to the “guidance” aim of self-help practices. But it can also use any type of writing which allows for the solicitation of the metaphorical power of language as well as its polysemic character: folktales, fantastic tales, myths, poetry. This is why I refer to its use of writings as appropriated and instrumentalized literature.

² The mediator materializes in it for a set amount of time in the daily reality, the interior meditative instance - “interior public” or “imaginary reader” - without which there is no subjective life, no internal life possible.

In the end, and perhaps because of its original debt to general literature, only psychoanalysis seems not to expropriate or instrumentalize literature—at least when it relinquishes applying itself to literature in order to deliver it from its alleged meaning. It uses it sometimes as a therapeutic meditation, bestowing the status of a transitional object to the book, in a reference to Winnicott’s thinking.

The complexity of categorizing and determining the epistemological status of therapeutic reading practices therefore resides in the disparate relationship they have to the therapeutic and the literary, and to their dual—medical and existential—purpose. This complexity is also due to the fact that these practices, which find themselves at an epistemological crossroad between the medical, the religious and the philosophical while also encroaching frequently on each of these three fields, are the product of a syncretism. This syncretism, under the generic name of “therapeutic discourse”, appears to function as a broader legitimizing authority, not only for bibliotherapy, but also for the whole set of social practices bundled into the blurry categories of psychotherapy and personal development/self-help; a legitimizing authority that, by their very same existence and through a circular motion, they help constitute.

Epistemological status of therapeutic discourse

But, if it seems appropriate to name “therapeutic discourse” the syncretic discourse at the basis of these practices, can we grant it the epistemological status of a self-constituting discourse (*discours constituant*)? This notion, introduced in 1995 by a linguist and a philosopher, refers to “a set of discourses acting as surety for other discourses, and which themselves not having discourses that validate them prior to that, must manage their somewhat ‘self-founded’ status in their enunciation.” Participating inextricably in a social function and textual or enunciative properties, they maintain a constitutive relationship with the founding values of a society.

As such, they are discursive institutions. Because they are specific discourses which exclude one another, they engage in a rivalry with the other constitutive discourses and are therefore characterized by a “structural polemicity” (*polémicité structurelle*)

In other words, to lay claim to the status of self-constituting discourse, therapeutic discourse would, at once, have to be founded on the same practices which claim to be a part of it and, in turn, be able to establish them, that is to say: to guarantee simultaneously the therapeutic character of the practices attributed to it and their non-affiliation to rival discourses such as the medical, religious, philosophical or literary.

Indeed, by categorizing therapeutic discourse as a cultural framework which infiltrates and psychologizes all of American social life, the criticism links discursive and institutional practices. Nonetheless, therapeutic discourse as the base for therapeutic culture cannot enter into an antagonistic relationship with bordering self-constituting discourses. Its content is too vague and disparate for that.

Therefore, therapeutic discourse does not refer so much to a discourse but rather to an interdiscourse—in the restrictive meaning of “contradictory articulation of discursive formations referring to antagonistic ideologic formations”: here, a joint reference to the cognitive theories and to psychoanalysis. As evidenced by this paradox, therapeutic discourse, because it is at its core an ideology, can appear to be a category of political discourse, to which it is closely related. As a mediating discourse between the self-constituting discourses and opinion, therapeutic discourse entails a discursive positioning by building on the self-constituting discourses which found therapeutic practices, notably medical and psychoanalytical one, but also philosophical and religious ones as well, hence its syncretic character.

The political turning point of medicine

Of course, the idea that therapeutic culture is the product of a political ideology is not new, and I refer to Timothy Aubry and Trysh Travis for the synthesis of the criticisms of which therapeutic culture was the object. These criticisms focused on its strategy to control individuals, on the dystopia of the liberation of desire that it promotes and on the organizing formation of social practices instrumentalized at the service of capitalism, which it also remodels in return. On the other hand, its dimension as a scientific ideology, that is to say, using the terms of Georges Canguilhem, Michel Foucault’s mentor, of belief driven by an unconscious need for direct access to totality, but which “leans towards an already instituted science, whose prestige it recognizes and whose style it seeks to mimic”, has been less analyzed, in particular what it owes to the political turn in medicine.

Also inaugurated in the 19th century, this turn was first related to Jenner’s work and then to Pasteur’s and the introduction of vaccination, that is to say to the moment when medicine, officially established as scientific with the experimental method, ceased to focus exclusively on the singular individual and became interested in the masses and, as a consequence, substituted the clinician’s judgment for the calculations of probabilities.

A major epistemological revolution

Yet, by becoming political, its favored object ceases to be the patient or even the illness and instead becomes health. This is therefore the case of a major epistemological revolution, which is not without consequences as, on the one hand, the very meaning of the medical act has been profoundly transformed : “from an answer to a call it became obedience to a requirement”, a requirement of not risking any illnesses and, on the other, “the medical profession has become a device/tool for the State tasked with playing a regulatory role in society analogous to the role that nature was supposed to play in regulating the individual organism.”

Not content then with having made themselves Nature’s masters and owners through its dissection, doctors—reduced to the status of executors of the State’s orders—are now required to substitute themselves for Nature. There is in this the manifestation of unreason, if not hubris which, Canguilhem points out, leads to “consider the pathological no longer as a deviation of the physiological within the individual but rather as a deviance in society.”

In addition, the slow alteration in meaning of its original objectives and behavioral patterns—triggered by the political demands of public health—has been accompanied by a semantic drift characterized by the progressive shift from the concept of *health* (*santé*) towards that of *salubrity* and then to that of *safety*. It is difficult here not to think of *A Clockwork Orange* by Anthony Burgess published in 1962. Hence, where health would traditionally imply the power to resist illness, or even imply the audacity of being at risk, its shift towards the notion of security now refers to the demand of not having to suffer illness and the refusal of any risk-taking.

Thus, since 1946, in the preamble of its constitution, the World Health Organization redefined health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

William James’ politico-moral philosophy

This unlimited definition is not merely due to the development of public health and to the epidemiology which succeeded it, instead the premises can be found in the legacy of William James’ thinking and, more specifically, in its political dimension. Without going into detail, according to his point of view, normality constitutes a state of “sub-optimal” functioning of the individual’s health which includes in it the seeds of mental illness, notably because of the human suggestibility to environmental factors demonstrated, according to him, by the phenomena of collective hysteria and, I might add today, by the influence of reading.

In other words, he believes health does not correspond to normality but to going beyond it. Health is a state of “super-normality” accessible by the will, whether innate or acquired, to rid itself of social conventions, spread in particular by traditional religions, which subject and limit individuals obsessed by the fear of evil. Consequently, health, according to him, coincides with the elevation of mental and moral energy within their capacity, notably by rectifying erroneous judgments, the movements of spiritualist cures in the wake of which he inscribed his psychology.

And because James’ project is not only theoretical and methodological but also social and political, he aims at allowing access to the happiness promised by the Declaration of Independence to all through the elevation of the mind which he considers to be the path towards the Good life. Thus, James considers that by decoupling the spirit of enterprise, healthy-mindedness offers, by the cumulative effect of success at once personal and professional of each individual, an immediate lever to the Nation’s economic growth which, by extension, enables the securing of a significant growth of shared well-being.

These conceptions fed into the American personality psychology developed during the interwar period and following it, the post-war humanist movement and the impacts it had under the banner of psychologies of development and the self, defended by Carl Rogers and Abraham Maslow, before becoming omnipresent, from the 1960s on, well beyond academic circles.

The notion of mental health

These trends in American psychology—which are at the origin of the existential practices of self-help and/or psychotherapy which today aim at going beyond the restoration of the normal—have, in their turn, nourished the elaboration of the notion of mental health, which also finds its distant origin in William James’ moral and political thinking, as the current definition of the WHO underlines without ambiguity: “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”.

From the outset mental health has appeared as a “category closely linked to public policies” and is governed by a dual principle of indetermination and illimitation. In this respect, it is at once an “indefinite, vague and ill-determined” concept for which there is no consensus and an unlimited and ambitious scope of action, two tightly correlated aspects. Its emergence in the immediate post-war period thus answers to a twofold imperative—humanitarian and economic—which is itself indissociable from a “dual movement of state federation and the regulation of a whole set of heterogeneous activities and institutions, many of which had the

status of associations”. Therefore, in the United States, the NIMH: *National Institute of Mental Health* founded in 1949 is the product of the National Mental Health Act enacted in 1946.

Developed in reference to the psychodynamic approaches of personality development, mental health intends to reach its dual objective—absence of illness and personal accomplishment—by promoting the capacity of developing human individuals to adapt in the face of changing environments. Positing that individual abilities of adaptation can be improved by considering emotions and emotional bonds, in their dual intrapersonal and inter-relational dimension, it makes affects and relations the two pillars of a “positive mental health” which stresses the notion of *intersubjective relation*.

Thus defined, the field of mental health covers all ages and all aspects of life. Consequently, some critics rebuke its totalistic ambition. They also criticize it for evading the question of political responsibility by transferring questions linked to socio-economic development in the register of a psychosocial clinic.

De facto, although the product of the political turning point of medicine, mental health re-attributes to the field of medicine and psychology what could be affiliated to political action. In this way, mental health, which, I repeat, is as much a field of action as it is a concept, appears to belong to a conjoint movement of the depoliticization of social life, the roots of which are to be found notably in the collective traumatic impact of the role totalitarianism played during the second world war, particularly as an indicator of the banality of evil (the Eichmann trial was held in 1961, the Milgram experiment was published in 1963) and of the medicalization of existence which, because of its totalizing ambition, reintroduces “in spite of itself” a totalitarian dimension of the monitoring of existence.

Brave new world

This medicalization of existence is evident through the promotion of a hyper normative approach to health. This approach is founded upon the repetition *ad nauseam* of prevention gimmicks, and especially on the deployment, in reference to Orwell’s *Nineteen Eighty-Four* (1949), of a form of “thought police” striving relentlessly for the rewriting of its norms either by redefining the pathological thresholds of biological norms (as is the case for glycemia in diabetes); or by the occurrence of “emerging pathologies” detected from the screening of risk factors to qualify situations that do not fall within the scope of a characterized disease, but which could lead to it in probability, following the example of the notion of emerging psychoses; or by the identification of pathologies through the statistical identification of significant

arrangements of symptom clusters, possibly determined by their receptivity to specific molecules.

Thus, medical discourse, promoted and certified by important international organizations, not only has become an “apparatus discourse” (a name suggested by Dominique Maingueneau to refer to the *simulacrum* of a self-constituting discourse that are texts written from negotiation and consensus) but its ideologization now infiltrates the clinic itself, notably by reintroducing doxa into discourses with scientific pretensions, whether by experts, by the multiplication of consensus conferences of all kinds, or by pressure groups, as was the case with homosexuality at the end of the 1970s, during the elaboration of the third version of the American handbook of statistical diagnostic in psychiatry published in 1980.

In return, by promoting the self’s capabilities to develop and improve, and especially the notion of empowerment, mental health culture not only seeks to make weigh on the individual the responsibility that it seems to have removed from Governments, but leads the subject to behave as the healthy carrier of his illness, refusing them the right to consider their self altered by it. This is no doubt why this culture plays a role in the proliferation of pathologies of personality, which, linked to the exaltation of the self and to the loss of a sense of limits, are characterized by an inability for emotional control.

In the end, to suggest a tentative answer to the questions posed in the introduction, with the exception of “feel-good books”, it was not the ambivalent power of books, of literature, but rather the notion of health, which because of its aiming for a “set of physical, moral and social well-being”, today plays the role of the “soma” said to bring happiness at the cost of our submission. From this standpoint, positing at the principle of its aim of happiness a “super-normality” within reach through the development of the self, American culture may not be as therapeutic as it is pharmacological in its literal sense, designating the intrinsically poisonous and curative dimension (*pharmakon*) of any utterance or discourse (*logos*).

And because the virtue of reading does not only reside in its ability to suggest, but also in its ability to allow one to think ... for oneself, it is up to literature to continue to carry the responsibility of the operation which characterizes the *pharmakon*: that is, not to be equally poison and remedy, but to be able to become one or the other due to its constitutive ambivalence, and in this respect, to possess the power to highlight after the fact its curative nature which had pretended to be poison.